

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000026889

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL PHARMACEUTICALS AND MEDICAL PRODUCTS (USA), LLC

**Current Principal Place of Business:**

13650 NW 8TH STREET, SUITE 109  
SUNRISE, FL 33325 US

**New Principal Place of Business:**

13630 NW 8TH STREET, SUITE 210  
SUNRISE, FL 33325 US

**Current Mailing Address:**

13650 NW 8TH STREET, SUITE 109  
SUNRISE, FL 33325 US

**New Mailing Address:**

13630 NW 8TH STREET, SUITE 210  
SUNRISE, FL 33325 US

**FEI Number:** 26-2411500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RAJANI, JATIN  
Address: 13630 NW 8TH STREET, SUITE 210  
City-St-Zip: SUNRISE, FL 33325 US

Title: MGRM  
Name: UNITED STATES PHARMACEUTICAL GROUP, LLC  
Address: 13630 NW 8TH STREET, SUITE 210  
City-St-Zip: SUNRISE, FL 33325 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JATIN RAJANI

MGRM

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date